



# DECCA COLLEGE OF HEALTH AND ALLIED SCIENCES (DECOHAS)

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## STUDENT APPLICATION FORM

*(Please Carefully read the Instructions before filling this application form)*

Academic Year for which admission is sought (e.g. 2024/2025): .....

Attach three  
colored passport  
size photos

### CHOICE OF CERTIFICATE & DIPLOMA PROGRAMMES

In the table below Indicate your FIRST, SECOND & THIRD CHOICE according to your preference.

Programme Name	Programme Duration	Choice of programme (1st choice, 2nd Choice, 3rd Choice)
<i>Eg. Diploma in Nursing and Midwifery</i>	<i>Three years</i>	<i>FIRST CHOICE</i>
Certificate in Clinical Medicine	Two years	
Certificate in Medical Laboratory	Two Years	
Certificate in Nursing and Midwifery	Two Years	
Certificate in Pharmaceutical Sciences	Two Years	
Certificate in Social Work	Two Years	
Diploma in Clinical Medicine	Three Years	
Diploma in Clinical Medicine (NTA LEVEL 6)	One Year	
Diploma in Medical Laboratory	Three Years	
Diploma in Medical Laboratory (NTA LEVEL 6)	One Year	
Diploma in Nursing and Midwifery	Three Years	
Diploma in Nursing and Midwifery (NTA LEVEL 6)	One Year	
Diploma in Pharmaceutical Sciences	Three Years	
Diploma in Pharmaceutical Sciences (NTA LEVEL 6)	One year	
National Vocational award level 1, 2&3 of Laboratory Assistant	Three Years	
Diploma in Social Work	Three Years	
Ordinary Diploma in Community Development	Three Years	
Ordinary Diploma in Veterinary Laboratory Technology	Three Years	
Ordinary Diploma in Health Records and Information Technology	Three Years	

tick ✓ to be admitted into another programme in case your preferable choices are full

Section 1: Applicant Details		(Please complete in BLOCK letters or typed)						
First Name								
Last Name		Middle name						
Date of Birth		Nationality						
Gender	Male	Female	Marital Status	single	Married	No. of Children		
Do you consider yourself to have a disability?			Yes	No	Do you have a criminal conviction?		Yes	No
Permanent Home Address			Address for Correspondence (If different from Home)					
City		City						
Country		Country						
Telephone		Telephone						
Email		<i>Please write your e-mail address clearly</i>						

**Section 2: Education Details** *(your qualifications must demonstrate eligibility for the course, complete in BLOCK letters or type)*

List all academic qualifications that you have achieved primary, “O”, “A” level grade or equivalent. Copies of all relevant final transcripts must be attached with this application.

Qualification	From	To	School Name	Index no:	Grade / % Marks

**PREVIOUS COLLEGE DETAILS** *(For upgrading)*

College/ University name	From	To	COURSE STUDIED	AWARDED/ GPA

**ADDRESS AND CONTACTS OF THE PREVIOUS COLLEGE**

P O BOX: .....  
 TEL: .....  
 MOBILE: .....  
 FAX: .....  
 Email: .....

**Section 3: Employment Details:** *(Important if you are applying as a mature age entry).*

Please give details of positions held over the past 5 years, if you are applying as a mature – age or for admission as a post graduate, provide detailed job descriptions on separate page and attach documentary evidence, e.g. reference letters from employers.

Employer name	Address	Position held	From	To

**Section 4: Accommodation** *(tick ✓ if you need accommodation)*      YES       NO

All residents are required to sign an accommodation tenant agreement form /contract before allocated to the room. In a room you will find a bed, mattress, table, chair and keys.

**Section 5: Finance**

Indicate how you intend to finance your studies and your living expenses in Dodoma.

How will you finance your studies at DECOHAS? Family <input type="checkbox"/> Employer <input type="checkbox"/> Loan <input type="checkbox"/> Savings <input type="checkbox"/> Other <input type="checkbox"/>			
<b>Parents/Guardians</b>		<b>Job Title</b>	<input type="checkbox"/>
<b>Telephone No.</b>		<b>E-mail</b>	
<b>Sponsor Declaration:</b> I have agreed to finance the above named applicant in his/her studies at DECOHAS and agreed to release funds for tuition fees and living expenses as and when required.			
Signed: _____ Name _____ Date: _____			

**Section 6: Referees** *(Please compete in BLOCK letters or type).*

Please provide the names of two referees; at least one should be an academic referee who has knowledge of your academic ability.

Referee name	Address	Telephone	E-mail

**Section 7: Fee Structure**

All payments shall be paid to **DECOHAS** Bank accounts at CRDB Bank Plc.

**TUITION FEE:** DECOHAS Tuition, Account No. **0150222135400**

**OTHER PAYMENTS:** DECOHAS Miscellaneous, Account No. **0150222135500**

- Bring bank pay - in slips to the college.
- The fees are payable in full or in two installments at the beginning of each academic year /semester.
- Upon Return of this form, bring the pay-in slip of the application fee of **Tshs 30,000/=** Paid to DECOHAS Miscellaneous, Account No. **0150222135500**

*Note: All payments other than Tuition fees should be paid to the DECOHAS Miscellaneous Account number stated above*

<b>A: Tuition fee Per annum</b>		
Course	For Tshs	For USD
<b>MEDICAL LABORATORY SCIENCES</b>	<b>TShs 1,600,000/=</b>	<b>Foreigners USD 950</b>
<b>CLINICAL MEDICINE</b>		
<b>NURSING AND MIDWIFERY</b>		
<b>PHARMACEUTICAL SCIENCES</b>		
<b>VETERINARY LABORATORY TECHNOLOGY</b>	<b>TShs 1,400,000/=</b>	<b>Foreigners USD 650</b>
<b>HEALTH RECORDS AND INFORMATION TECHNOLOGY</b>		
<b>SOCIAL WORK</b>	<b>TShs 1,200,000/=</b>	<b>Foreigners USD 600</b>
<b>COMMUNITY DEVELOPMENT</b>		
<b>LABORATORY ASSISTANT</b>	<b>TShs 1,000,000/=</b>	<b>Foreigners USD 560</b>

Fees should be paid **in full** at the beginning of each academic year or **in two equal installments** at the beginning of each semester.

**B: Other Charges/Payments FOR CMT, MLT, PST, VLT, HRIT & NMT**

<b>DESCRIPTION</b>	<b>AMOUNTS (TSHS)</b>
Registration fee per semester	10,000
National Examination Fees	280,000
NACTVET Quality Assurance and Verification Fee	35,000
Hostel per Year (Optional)	400,000
Medical fee per Year	60,000
Practicum & Field Attachment Fee	160,000
Examination fee per year	100,000
Caution money (paid once)	100,000
Identity Card (paid once)	10,000
Students Union (DECOHASSO) Fee per Year	20,000
Student Uniform	100,000
Meals per Year (Optional)	1,500,000
Learning kit (CMT, NMT & VLT)	120,000
Tanzania Pharmaceutical Hand Book (PST)	50,000

**C: Other Charges/Payments FOR SOCIAL WORK AND COMMUNITY DEVELOPMENT**

<b>DESCRIPTION</b>	<b>AMOUNTS (TSHS)</b>
Registration fee per semester	10,000
National Examination Fees	280,000
NACTVET Quality Assurance and Verification Fee	35,000
Hostel per Year (Optional)	400,000
Medical fee per Year	60,000
Field attachment fee	100,000
Examination fee per year	100,000
Caution money (paid once)	100,000
Identity Card (paid once)	10,000
Students Union (DECOHASSO) Fee per Year	20,000
Student Uniform	100,000
Meals per Year (Optional)	1,500,000

**D: Other Charges/Payments FOR LABORATORY ASSISTANT**

<b>DESCRIPTION</b>	<b>AMOUNTS (TSHS)</b>
<b>Registration fee per semester</b>	10,000
<b>National Examination Fees</b>	100,000
<b>NACTVET Quality Assurance and Verification Fee</b>	35,000
<b>Hostel per Year (Optional)</b>	400,000
<b>Medical fee per Year</b>	60,000
<b>Field attachment fee</b>	100,000
<b>Examination fee per Year</b>	100,000
<b>Caution money (paid once)</b>	100,000
<b>Identity Card (paid once)</b>	10,000
<b>Students Union (DECOHASSO) Fee per annum</b>	20,000
<b>Student Uniform</b>	100,000
<b>Meals per Year (Optional)</b>	1,500,000

**Please attach the following into application form**

1. Original bank pay - in slips
2. Photocopy of Birth Certificate
3. Photocopy of Academic certificates (Form four)
4. Three colored passport size photos
5. Transcript/recommendation letter/certificate of council (for NTA LEVEL 6)

**Application should be done directly to the College Principal, DECCA**

**College of Health and Allied Sciences (DECOHAS) P. O. Box 372,**

**Dodoma**

**Tel/Fax: +255 26 2322357,**

**Mob: +255 0763 102 102 / 0674 102 102**

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I ..... certify that the given above information is correct and I accept that I will be accountable for any false information given.

SIGNATURE.....

DATE: ...../...../.....